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Substitute for Form 1449/PTO				Complete if Known	
				Application Number	40/501010
INFORMATION DISCLOSURE				Filing Date	10/581018
STATEMENT BY APPLICANT (Use as many sheets as necessary)				First Named Inventor	Kim HEGLUND
				Art Unit	
			, necessary)	Examiner Name	/Ryan Walters/
Sheet	l	of	1	Attorney Docket	3067-28PUS
				Number	

				T DOCUMENTS		
Examiner	Cite	Document	Publication Name of Patentee or		Pages, Columns, Lines,	
Initials*	No.	Number	Date Applicant of Cited		Where Relevant Passages	
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ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /R.J.W./

	Examiner Signature	/Ryan Walters/	Date Considered	07/26/2010			
*EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered.							

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